

WATER FACILITIES INVENTORY (WFI) FORM Quarter: Of the latest of the late

ONE FORM PER SYSTEM

Updated: 06/08/2006 Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Annual Update

RETURN TO: Southwest Regional Office, PO Box 47823, Olympia, WA, 98504

| 1. SYSTEM ID NO. 2. SYSTEM NAME BROOKHAVEN | | 3. COUNTY KITSAP | 4. GROUP 5. TYPE |
|--|--|---|---|
| 6. PRIMARY CONTACT NAME & MAILING AD BOD Blackman CHARLES C. WARN RAINIER VIEW WAT PO BOX 44427 TACOMA, WA 9844 | n (Chies-Ops Officer) ER [FIELD SUPER] IER CO | 7. OWNER NAME & MAILING ADDRESS RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448 | 8. Owner Number 000212 TITLE: OWNER CONTACT |
| STREET ADDRESS IF DIFFERENT FROM ABO ATTN ADDRESS CITY | VE STATE ZIP | STREET ADDRESS IF DIFFERENT FROM ABOUT ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP | STATE WA ZIP 98375 |
| Primary Contact Mobile/Cell Phone: (253 Primary Contact Evening Phone: (360 Fax: 53)531-6634 E-mail: chuck(|) 537-6634) 537-6634) 893-4296 @rainierviewwater.com | | 6634 @ranierviewwater.com |
| 11. SATELLITE MANAGEMENT AGENCY - SI Not applicable (Skip to #12) Owned and Managed Managed Only Owned Only | | provide 24-hour contact information for eme | SMA Number: |
| 12. WATER SYSTEM CHARACTERISTICS (m ☐ Agricultural ☐ Commercial / Business ☐ Day Care ☐ Food Service/Food Permit ☐ 1,000 or more person event for 2 or more day | ☐ Hospital/Clin ☐ Industrial ☐ Licensed Re ☐ Lodging | □School sidential Facility □Tempor □Other (c | ntial ary Farm Worker church, fire station, etc.): |
| 13. WATER SYSTEM OWNERSHIP (mark onl | unty 🕱 Investor | ☐ Special District ☐ State | 14. STORAGE CAPACITY (gallons) 0 |
| 15 16 SOURCE NAME LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE SO1 WELL #1 NO TAG | 17 18 SOURCE CATEGO NUMBER OIL NEFT IN A WELL HELD OIL NEW OIL | SEAWATER SURFACE WATER RANNEY / INF, GALLERY OTHER X PERMANENT SEASONAL EMERGENCY SOUNCE METERED CHLORINATION FILTRATION IRRADIATION (UV) OTHER CHUORIDATION (UV) IRRADIATION (UV) OTHER | 22 23 DEPTH SOURCE LOCATION CAPACITY (GALLON'S ET 114, 114, 114, 114, 114, 114, 114, 114 |

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page: 1

| 1. SYSTEM ID NO. 2. SYSTE 08760 Y BROOK | | | | | MARKET COM-000 | COUNTY SAP | | | | 4.1 | GROUP B | 5. T | YPE |
|--|--|------------|--|-------------|----------------|---------------|--------------------|-----------------------|-----------|--------------------------------|-------------|------------------|----------|
| | | | istran Politica Politica Politica | | | | | ACTIVE SEI CONNECT | IONS | DOH USE CALCUL CTIVE CON | ATED | DOH USE APPRO | |
| 25. SINGLE FAMILY RESIDENCE | CES (How many of the following | owing do | o you hav | re?) | andres de | Large Sett | 11125035 | 0 | | 10 | | 12 | 2 |
| A. Full Time Single Family Residences (Oc | • | | • | - | | | | 10° | 11 | | | | |
| B. Part Time Single Family Residences (O | ccupied less than 180 days per year | r) | | | | | | . 0 | | | | | |
| 26. MULTI-FAMILY RESIDENTI. | AL BUILDINGS (How many | y of the f | ollowing | do you h | nave?) | | | | antibles. | | | | |
| A. Apartment Buildings, condos, duplexes, | | | | | | | | 0 | | | | | |
| B. Full Time Residential Units in the Apartr | <u> </u> | | | | · | | | 0 | | | | | |
| C. Part Time Residential Units in the Aparti | | | | | | | | 0 | | | | | |
| 27. NON-RESIDENTIAL CONNE | | | CONTROL OF THE CONTRO | | | | | | | | | | |
| A. Recreational Services and/or Transient A | | | otel/overnigh | t units) | | | | 0 | | 0 | | 0 | |
| B. Institutional, Commercial/Business, Sch | ool, Day Care, Industrial Services, e | | | | | | | 0 | | 0 | | 0 | |
| | | 28. | TOTALS | SERVICE | CONNEC | CTIONS | | | | 10 | | Lab12 | <u>-</u> |
| 29. FULL-TIME RESIDENTIAL A. How many residents are served | | ys per yea | r? | | | 23 | prince of the last | | | | HIGH GHILLS | | Amilyns |
| 30. PART-TIME RESIDENTIAL | POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC |
| A. How many part-time residents an | re present each month? | | | | | | | | | | | | |
| B. How many days per month are t | hey present? | | | | | | | | | | | | |
| 31. TEMPORARY & TRANSIE | NT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC |
| A. How many total visitors, attended patients or customers have access each month? | | | | | | | | | | | | | |
| B. How many days per month is wa public? | iter accessible to the | | | | | | | | | | | | |
| 32. REGULAR NON-RESIDEN | TIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| A. If you have schools, daycares, or to your water system, how many children and/or employees are presented. | r businesses connected students daycare resent each month? | | | | | | | | | | | | |
| B. How many days per month are the | hey present? | * | | | | | | | | | | | |
| 33. ROUTINE COLIFORM S | CHEDULE | | | | Та | ke one | sample | every | 12 mc | onths | | | |
| | | unggalanga | QUAR | TERLY | 1100000000 | 1000 | ANN | JALLY | ing Pagg | | NCE EVE | RY 3 YEAI | RS |
| 34. NITRATE SCHEDULE (One Sample per source b | y time period) | | | | | | | | | | S | 01 | |
| 35. Reason for Submitting \ | WFI: | | | alika ilika | | | | | | | | | |
| ☐ Update - Change ☐ Uբ | odate - No Change 🛚 | Inactiva | ite 🔲 l | Re-Activ | ate 🗆 N | Name Ch | nange | □New | System | □Oth | er | | |
| 36. I certify that the inform | ation stated on this WF | I form i | s correc | t to the | best of i | my knov | vledge. | | | | | | |
| SIGNATURE: | | | | | | DA | TE: | | | | | | |
| PRINT NAME: | | | | | | TIT | LE: | | | | | | |
| : (AIIV 19/AIII) | | | | | | | | | | | | | |

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WATER FACILITIES INVENTORY (WFI) FORM Quarter: U

ONE FORM PER SYSTEM

Updated: 01/15/2008 Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Non-Periodic update RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032 3. COUNTY 4. GROUP 5. TYPE 1. SYSTEM ID NO. 2. SYSTEM NAME **PIERCE** В FIRWOOD WATER SYSTEM 36176 H 7. OWNER NAME & MAILING ADDRESS 8. Owner Number 000212 6. PRIMARY CONTACT NAME & MAILING ADDRESS Chief Ops Office BOB BLACKMAN [OPERATIONS MANAGER] RAINIER VIEW WATER CO TITLE: OWNER CONTACT PO BOX 44427 **BOB BLACKMAN** TACOMA, WA 98448-0427 PO BOX 44427 TACOMA, WA 98448 STREET ADDRESS IF DIFFERENT FROM ABOVE STREET ADDRESS IF DIFFERENT FROM ABOVE **ATTN** ATTN ADDRESS 5410 189TH ST E ADDRESS STATE WA ZIP CITY ZIP 98375 CITY STATE **PUYALLUP** 9. 24 HOUR PRIMARY CONTACT INFORMATION 10. OWNER CONTACT INFORMATION Owner Daytime Phone: **Primary Contact Daytime Phone:** (253) 537-6634 x1213 (253) 537-6634 Primary Contact Mobile/Cell Phone: Owner Mobile/Cell Phone: **Owner Evening Phone:** (253) 537-6634 **Primary Contact Evening Phone:** (253) 537-6634 E-mail: irene@ranierviewwater.com E-mail: bob@rainierviewwater.com Fax: (253) 537-7896 Fax: (253) 537-7896 WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) SMA Number: Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) ☐ Hospital/Clinic Residential □ Agricultural School ☐ Industrial Commercial / Business ☐ Licensed Residential Facility Temporary Farm Worker □Day Care Other (church, fire station, etc.): □ Lodging ☐Food Service/Food Permit Recreational / RV Park □1,000 or more person event for 2 or more days per year 14. STORAGE CAPACITY (gallons) 13. WATER SYSTEM OWNERSHIP (mark only one) Investor Special District ☐ County □ Association 60,000,000 ☐ Private State □City / Town ☐ Federal 22 23 24 18 21 19 2 15 16 17 DEPTH SOURCE LOCATION USE TREATMENT **SOURCE CATEGORY** SOURCE NAME INTERTIE LIST UTILITY'S NAME FOR SOURCE DEPTH TO FIRST OPEN CAPACITY (GALLONS PER MINUTE) AND WELL TAG ID NUMBER. SPRING IN SPRINGFIELD INTERVAL IN FEET WELL IN A WELL FIELD RANNEY / INF. GALI SECTION NUMBER INTERTIE Example: WELL#1 XYZ456 SURFACE WATER RRADIATION (UV 1/4 SECTION SYSTEM WELLFIELD ILTRATION TOWNSHIP IF SOURCE IS PURCHASED OR INTERTIED, NUMBER LIST SELLER'S NAME Example: SEATTLE 58 42 NE SE WELL NO. 1

| 1. SYSTEM ID NO. 36176 H | 2. SYSTEM NAME FIRWOOD WATER SYSTEM | | 19 19 19 19 19 19 19 19 19 19 19 19 19 1 | managa | 3. | COUNTY ERCE | | | | 4. | group B | 5. T | YPE |
|---|--|-----------------|--|--------------|--|-------------------------|---------------------------|-----------------------|---------------|--------------------------------|----------------|------------------|------------------------|
| | | | | | | | | ACTIVE SEI CONNECT | IONS | DOH USE CALCUI CTIVE CON | ATED | DOH USI APPRO | SZIER ESTANISMON ALIAN |
| 25. SINGLE FAMILY | RESIDENCES (How many of the foll | owing do | you hav | re?) | tirani men | industrial | | 0 | | 8 | | Undete | rmined |
| A. Full Time Single Family F | Residences (Occupied 180 days or <i>more</i> per year) | | | | | | | ,8' | 9 | | | | |
| B. Part Time Single Family F | Residences (Occupied <i>less than</i> 180 days per year | •) | | | | | | 0 | | | | | |
| 26. MULTI-FAMILY R | RESIDENTIAL BUILDINGS (How man | y of the f | ollowing | do you h | iave?) | recelluleste. Leiter | | | 5115 | | | | |
| A. Apartment Buildings, con- | dos, duplexes, barracks, dorms | | | | | | | 0 | | | | | |
| B. Full Time Residential Uni | ts in the Apartments, Condos, Duplexes, Dorms th | at are occup | ied more tha | an 180 days/ | year | | | 0 | | | | | |
| C. Part Time Residential Uni | its in the Apartments, Condos, Duplexes, Dorms th | at are occu | pied less tha | n 180 days/y | rear | | | 0 | | | | | |
| | AL CONNECTIONS (How many of the | | | | | | | | uguni. | | | | |
| | I/or Transient Accommodations (Campsites, RV sit | | otel/overnigh | t units) | | | | 0 | | 0 | The Halland | | |
| B. Institutional, Commercial/ | Business, School, Day Care, Industrial Services, e | tc. | | | B | | | 0 | | 0 | siderate de l | -11-7 -11-7 | |
| | 100 mg 10 | 28. | TOTAL | SERVICE | CONNEC | CTIONS | | illi, segiti | unmolt) i | 8 | Randshaigh. | | |
| | SIDENTIAL POPULATION s are served by this system 180 or <i>more</i> day | /s per yea | | | | 23 | italiai siri Russassis | | | | | | |
| 30. PART-TIME RES | SIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC |
| | residents are present each month? | | 100.5 | | | | | | | | | | |
| B. How many days per | month are they present? | | | | | | | | | | | | |
| 31. TEMPORARY & | TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL JUL | AUG | SEP | OCT | NOV | DEC |
| A. How many total visite | ors, attendees, travelers, campers, s have access to the water system | 100201110192703 | 20,000 | | | | | | | | | | |
| | month is water accessible to the | | | | and the second s | | | | | | | | |
| 32. REGULAR NON | -RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC |
| | daycares, or businesses connected , how many students daycare oyees are present each month? | | | | | | | | | | | | |
| B. How many days per | month are they present? | | | | | | | | | | | | |
| 33. ROUTINE COL | IFORM SCHEDULE | | | | Та | ke one | sample | every | 12 mo | nths | | | |
| 34. NITRATE SCH | EDULE r source by time period) | | QUAR | TERLY | | | JALLY | | | NCE EVE | RY 3 YEA 01 | RS | |
| CONTRACTOR OF THE PROPERTY OF | | 100000 | | | | reservação (200 | (professoration | | rissi kapinan | | | 125 | |
| 35. Reason for Su | vinding Wri. | | | an Shiring | ikanink) ka in | | 1113012231 | file. Ulid | | | philippin | TENNEN L | U. |
| ☐ Update - Chang | ge □ Update - No Change □ □ | nactiva | te 🗆 F | Re-Activ | ate □ I | Name Ch | nange | □New | System | ☐ Oth | er | | |
| | | | | | | | | | | | | | |
| 36. I certify that t | he information stated on this WF | l form i | s correc | t to the I | best of | my knov | vledge. | | | | | | |
| SIGNATURE: | | | | | | DA | TE: | | | | | | |
| PRINT NAME: | | | | | | | LE: | | | | | | |
| | | | | | | | | | | | | | |

DOH 331-011 (Rev. 06/03)

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Page:



WATER FACILITIES INVENTORY (WFI) FORM Quarter: U

ONE FORM PER SYSTEM

Updated: 01/15/2008 Printed: 08/26/2009

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Submission Reason: Non-Periodic update RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032 4. GROUP 5. TYPE 3. COUNTY 1. SYSTEM ID NO. 2. SYSTEM NAME **PIERCE** В MOORES 40 ACRES WATER SYSTEM 35336 N 7. OWNER NAME & MAILING ADDRESS 8. Owner Number 000212 6. PRIMARY CONTACT NAME & MAILING ADDRESS BOB BLACKMAN [MANAGER] RAINIER VIEW WATER CO PO BOX 44427 TITLE: OWNER CONTACT **BOB BLACKMAN** TACOMA, WA 98448-0427 PO BOX 44427 TACOMA, WA 98448 STREET ADDRESS IF DIFFERENT FROM ABOVE STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN **ATTN** ADDRESS 5410 189TH ST E ADDRESS STATE ZIP CITY STATE WA CITY ZIP 98375 **PUYALLUP** 10. OWNER CONTACT INFORMATION 9. 24 HOUR PRIMARY CONTACT INFORMATION **Primary Contact Daytime Phone: Owner Daytime Phone:** (253) 537-6634 x1213 (253) 537-6634 Primary Contact Mobile/Cell Phone: Owner Mobile/Cell Phone: **Primary Contact Evening Phone:** Owner Evening Phone: (253) 537-6634 (253) 537-6634 E-mail: irene@ranierviewwater.com E-mail: bob@rainierviewwater.com Fax: (253) 537-7896 Fax: (253) 537-7896 WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) SMA Number: ☐ Owned and Managed SMA NAME: ☐ Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Residential ☐ Agricultural ☐ Hospital/Clinic ☐School ☐ Industrial ☐Commercial / Business ☐Temporary Farm Worker □Day Care ☐ Licensed Residential Facility ☐ Lodging Other (church, fire station, etc.): ☐Food Service/Food Permit Recreational / RV Park 1.000 or more person event for 2 or more days per year 13. WATER SYSTEM OWNERSHIP (mark only one) 14. STORAGE CAPACITY (gallons) Investor ☐ Special District ☐ Association ☐ County ☐ Private 750 ☐ State □City / Town ☐ Federal 18 22 23 15 19 21 24 16 17 SOURCE NAME INTERTIE SOURCE CATEGORY USE TREATMENT DEPTH SOURCE LOCATION LIST UTILITY'S NAME FOR SOURCE DEPTH TO FIRST OPEN AND WELL TAG ID NUMBER. SPRING IN SPRINGFIELD INTERVAL IN FEET RANNEY / INF. GALI INTERTIE Example: WELL#1 XYZ456 SECTION NUMBER SURFACE WATER RRADIATION (UV) 1/4, 1/4 SECTION SYSTEM FILTRATION IF SOURCE IS PURCHASED OR INTERTIED. ID LIST SELLER'S NAME NUMBER Example: SEATTLE 57 60 NE SE WELL#1

| 1. SYSTEM ID NO. 2. SYSTEM NAME 35336 N MOORES 40 ACRES WATER | R SYST | EM | 27/Bij 23/23/31 37/23/37/23/37/37 18/23/37/37/37/37/37/37/37/37/37/37/37/37/37 | | COUNTY | strada (1919) | | | 4, | group B | 5. 1 | YPE |
|---|------------|---------------|--|---------------------------|-------------|-----------------|----------------------|--------------|---------------------------------|---|----------------|---------------------------------------|
| | | | | | | | ACTIVE SE CONNECT | IONS | DOH USI CALCUI ACTIVE CON | LATED | DOH US APPR | Karaga da Salahara |
| 25. SINGLE FAMILY RESIDENCES (How many of the foll | owing do | you hav | re?) | r Grangstada | zahii Hana | Section. | 0 | | 7 | | Undete | rmined |
| A. Full Time Single Family Residences (Occupied 180 days or more per year) | | | | | | | 7 | | | | | |
| B. Part Time Single Family Residences (Occupied less than 180 days per year | r) | | | | | | 0 | | | | | |
| 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How man | y of the f | ollowing | do you l | nave?) | angan-er | Williams | dinare. | 10000000 | | | | |
| A. Apartment Buildings, condos, duplexes, barracks, dorms | | | | | | | 0 | | | | | |
| B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms the | | | | | | | 0 | | | | | |
| C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms the | | · | | | | | 0 | | | | | |
| 27. NON-RESIDENTIAL CONNECTIONS (How many of the | | | | | i in the | alientije) | du ignire | panilli. | | | | |
| A. Recreational Services and/or Transient Accommodations (Campsites, RV si | | otel/overnigh | t units) | | ··········· | | 0 | | 0 | 100000000000000000000000000000000000000 | | |
| B. Institutional, Commercial/Business, School, Day Care, Industrial Services, | | | | | | | 0 | | 0 | COLUMN TOWNS | | in proper |
| | 28. | TOTAL | SERVICE | CONNE | CTIONS | | un Histori | 1111 | 1960 - 7 | | 100 | in the |
| 29. FULL-TIME RESIDENTIAL POPULATION | | adilika 115 | 1.446663 | muses | | | | 10000 | e i madalistica | 917/25/11/15 (11/11/11 | | i i i i i i i i i i i i i i i i i i i |
| A. How many residents are served by this system 180 or more da | ys per yea | r? | | | 21 | | | nadde fei se | | | | |
| | | 100 | | | | | | | T | | No.: | |
| 30. PART-TIME RESIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| A. How many part-time residents are present each month? | | | | | | | | | | | | |
| B. How many days per month are they present? | | | | | | | | | | | | |
| 31. TEMPORARY & TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month? | | | | | | | | | | | | |
| B. How many days per month is water accessible to the public? | | | | | | | | | | | | |
| 32. REGULAR NON-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month? | | | | | | | | | | | | |
| B. How many days per month are they present? | | | | : | | | | | | | | |
| 33. ROUTINE COLIFORM SCHEDULE | | | | Ta | ke one | sample | e every | 12 mc | onths | | | |
| 34. NITRATE SCHEDULE | | QUAR | TERLY | naalistele aastuus (1) | | | ONCE EVE | RY 3 YEA | RS | | | |
| (One Sample per source by time period) | pressign | | | appentation (Britis | | jali legitasata | analikun | a princip | n Hijasah | a light sing | | rijah |
| 35. Reason for Submitting WFI: | | | | | | niagard) | | | | | alantan | |
| ☐ Update - Change ☐ Update - No Change ☐ | Inactiva | te 🗆 F | Re-Activ | ate 🔲 l | Name Ch | nange | □New | System | ı □Oth | er | | |
| 36. I certify that the information stated on this Wi | I form i | s correc | t to the | best of | my knov | vledge. | | | | | | |
| SICMATURE: | | | | | _ | TE: | | | | | | |
| PRINT NAME: | | | | | | ''E: _ | | | | | | |
| | | | | | | | | | | | | |

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



1. SYSTEM ID NO. 2. SYSTEM NAME

WATER FACILITIES INVENTORY (WFI) FORM Quarter: Updated: 01/15/2008

3. COUNTY

ONE FORM PER SYSTEM

Printed: 08/26/2009

5. TYPE

WFI Printed For: On-Demand Submission Reason: Non-Periodic update RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

4. GROUP

| 70001 Q PURDY ACRES WEST WATER SY | STEM | PIERCE | Busines Busines | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 6. PRIMARY CONTACT NAME & MAILING ADDRESS | 7. | . OWNER NAME & MAILING ADDRI | RESS 8. Owner Number 000212 | | | | | | | | | | | |
| Chief OPS OFFICE BOB BLACKMAN [OPERATIONS MANAGER PO BOX 44427 TACOMA, WA 98448-0427 | 2 | RAINIER VIEW WATER O BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448 | CO TITLE: OWNER CONTACT | | | | | | | | | | | |
| STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP | AT AD | TREET ADDRESS IF DIFFERENT FI TTN DDRESS 5410 189TH ST E | | | | | | | | | | | | |
| CITY STATE ZIP | Cit | ^{ITY} PUYALLUP | STATE WA ZIP 98375 | | | | | | | | | | | |
| 9. 24 HOUR PRIMARY CONTACT INFORMATION | 10 | 0. OWNER CONTACT INFORMATI | TION | | | | | | | | | | | |
| Primary Contact Daytime Phone: (253) 537-6634 x1213 | Ov | wner Daytime Phone: (253 | 53) 537-6634 | | | | | | | | | | | |
| Primary Contact Mobile/Cell Phone: | Ov | wner Mobile/Cell Phone: | | | | | | | | | | | | |
| Primary Contact Evening Phone: (253) 537-6634 | Ov | wner Evening Phone: (253 | 53) 537-6634 | | | | | | | | | | | |
| Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com | Fa | ax: (253) 537-7896 E-mail: | ili: irene@ranierviewwater.com | | | | | | | | | | | |
| WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. | | | | | | | | | | | | | | |
| WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| ☐ Owned and Managed SMA NAME: | | | SMA Number: | | | | | | | | | | | |
| ☐ Managed Only | | | 474 \$3000000000000000000000000000000000000 | | | | | | | | | | | |
| Owned Only | | | | | | | | | | | | | | |
| 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) | | | | | | | | | | | | | | |
| | lospital/Clinic | T | Residential | | | | | | | | | | | |
| | ndustrial | _ | □School | | | | | | | | | | | |
| • | icensed Resident odging | • | ☐ Temporary Farm Worker ☐ Other (church, fire station, etc.): | | | | | | | | | | | |
| | Recreational / RV | | | | | | | | | | | | | |
| | 1971 L | | 14 STORAGE CARACITY (college) | | | | | | | | | | | |
| 13. WATER SYSTEM OWNERSHIP (mark only one) □ Association □ County | Investor | Special District | 14. STORAGE CAPACITY (gallons) | | | | | | | | | | | |
| ′ | ☐ Private | State | 0 | | | | | | | | | | | |
| 15 16 17 | 18 13 11 11 11 11 11 11 11 11 11 11 11 11 | anno atricipa store entraco escara | 21 22 23 24 | | | | | | | | | | | |
| | RCE CATEGORY | the state of the s | SEAST CONTRACTOR OF SEASONS AND ADDRESS OF SE | | | | | | | | | | | |
| LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 INTERTIE | ELD | ERY | OPEN EET LONS | | | | | | | | | | | |
| Example: WELL #1 XYZ456 INTERTIE SYSTEM G IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE SYSTEM NUMBER NUMBER NUMBER FXAMPLE: SEATTLE | SPRING FIELD SPRING IN SPRINGFIELD SEA WATER SURFACE WATER | SURFACE WATER RANNEY / INF. GALLER OTHER PERMANENT SEASONAL EMERGENCY SOURCE METERED NONE CHLORINATION | FLUORIDATION (UV) OTHER DEPTH TO FIRST OPEN INTERVAL IN FEET CAPACITY (GALLONS PER MINUTE) 1/4, 1/4 SECTION TOWNSHIP RANGE | | | | | | | | | | | |
| Example: SEATTLE | SPRING FIELD SPRING IN SPRINGFI SEA WATER SURFACE WATER | Y / INF. | 130 10 14 14 14 14 16 16 17 17 17 17 17 17 | | | | | | | | | | | |
| Example: SEATTLE NUMBER | SPRING FIELD SPRING IN SPRINGFI SEA WATER SURFACE WATER | SURFACE WAR RANNEY / INF. OTHER PERMANENT SEASONAL EMERGENCY SOURCE METE NONE CHLORINATION FILTRATION | RA TO TO THE TOTAL | | | | | | | | | | | |
| Example: SEATTLE NUMBER | SPRING FIELD SPRING IN SPRINGFI SEA WATER SURFACE WATER | SURFACE WAR RANNEY / INF. OTHER PERMANENT SEASONAL EMERGENCY SOURCE METE NONE CHLORINATION FILTRATION | RA TO TO THE TOTAL | | | | | | | | | | | |

| 1. SYSTEM ID NO. 70001 Q | 2. SYSTEM NAME PURDY ACRES WEST WATE | R SYS | ГЕМ | | Dialitical critical | COUNTY ERCE | elle (Ul) | | | 4.1 | GROUP B | 5. т | YPE |
|--|--|-------------|---------------|-----------------|---------------------|--|-------------|------------|-------------|-------------------|--|------------------|-------------|
| | | | | | | | | ACTIVE SEI | | DOH USE CALCUL | ATED | DOH USI APPRO | |
| 25. SINGLE FAMILY | RESIDENCES (How many of the following the fo | owing do | you hav | re?) | EG GIT STEELS | Secretary | STATE OF | 0 | | ACTIVE CON 3 | NECTIONS | Undete | rmined |
| | Residences (Occupied 180 days or more per year) | 3 | | | | | | 3 | | - | | | |
| B. Part Time Single Family | Residences (Occupied less than 180 days per year |) | | | | | | 0 | | | | | |
| 26. MULTI-FAMILY F | RESIDENTIAL BUILDINGS (How many | y of the f | ollowing | do you h | ave?) | | under i | 2004-0-01 | (Ports III) | | | | |
| A. Apartment Buildings, con | dos, duplexes, barracks, dorms | | | | | | | 0 | | | | | |
| | its in the Apartments, Condos, Duplexes, Dorms that | | | - | | | | 0 | | | | | |
| | its in the Apartments, Condos, Duplexes, Dorms th | | | | rear | ELLEDA B SALP (Par 4007-14 | | 0 | | | | | |
| | IAL CONNECTIONS (How many of the | | | | | | i an Eur | | | | | | |
| | d/or Transient Accommodations (Campsites, RV sit | | otel/overnigh | t units) | | | | 0 | | 0 | 5000 | | |
| B. Institutional, Commercial | /Business, School, Day Care, Industrial Services, e | | | | | | | 0 | | 0 | | | |
| | | 28. | TOTAL S | EKVICE | CONNE | JIJUNS | | | | 3 | | all this is a | |
| 29. FULL-TIME RES | SIDENTIAL POPULATION | | | ues Laborado | | | | | | | manda (| | |
| A. How many resident | s are served by this system 180 or <i>more</i> day | /s per yeaı | ? | | | 8 | | | | | | | |
| 20 DADT THE ST | CIDENTIAL DODIN ATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ост | NOV | DEC |
| 5 | SIDENTIAL POPULATION | JAN | LED | MAN | Arn | m/n i | 3014 | 30L | | JEI | 001 | 1104 | DLG |
| A. How many part-time | e residents are present each month? | | | | | | | | | | | | |
| B. How many days pe | r month are they present? | | | | | | | | | | | | |
| 31. TEMPORARY & | TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| | tors, attendees, travelers, campers, rs have access to the water system | | | | | | | | | | MARKAN PARKATAN PARKA | | |
| B. How many days per public? | r month is water accessible to the | | | | | | | | | | | | |
| 32. REGULAR NON | N-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| A. If you have schools, to your water systen children and/or emp | daycares, or businesses connected n, how many students daycare loyees are present each month? | | | | | | | | | | | | Ē |
| B. How many days per | r month are they present? | | | | | | | | | | | | |
| 33. ROUTINE COL | LIFORM SCHEDULE | | | | Ta | ke one | sampl | e every | 12 m | onths | | | |
| 34. NITRATE SCH | IEDULE er source by time period) | | QUAR | TERLY | | | IUALLY | | | NCE EVE | RY 3 YEA 01 | RS | |
| 35. Reason for Su | 9571-5770039845bb033 | a salaraha | | | | en e | 1.365115621 | | | | lan en en | 11000 | |
| | ge □ Update - No Change □ | Inactiva | te □F | Re-Activ | ate □! | Name Ch | nange | □New | Systen | n ∐ Othe | er | | ningazanini |
| | | | | | | | | | | | | | |
| 36. I certify that t | the information stated on this WF | I form i | s correc | t to the | best of | my knov | vledge. | | | | | | |
| SIGNATURE: | | | | | | DA | TE: _ | | | | | | |
| PRINT NAME: | | | | | | TIT | LE: | | | | | | |
| | | | | | | | | | | | | | |

 DOH 331-011 (Rev. 06/03)
 Sentry DOH
 Water System Copy
 Page:



WATER FACILITIES INVENTORY (WFI) FORM Quarter: U Updated: 01/15/2008

ONE FORM PER SYSTEM

Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

| | 100000000000000000000000000000000000000 | 2. system name SHERWOOD RAN | NCHETTE | S | | - 1 1 1 1 1 1 1 1 1 1 | Jan | | | \$900 BESS | 200000000 | RCE | 30370901 | | self. | | glini Isoti | -1071 | | 4. GRO |)UP | 5. | TYPE | |
|---------------|---|---|--|---------------------------------------|---------------------------------|---|---|-----------|---------------|-----------------------|-------------------|---|-----------------------------|-------------|---------------|-----------------|----------------|------------------|--------------------------------------|----------------------------------|------------------|----------------|--------|--------------|
| 6. P | B(P | T NAME & MAILING ADDRE Chin OB BLACKMAN [OPEF O BOX 44427 ACOMA, WA 98448-04 | ef Ops RATIONS N | OFF IAN | AGE | R] | | | F E F | RAIN BOB PO E | NIEF BL BOX | NME & R VIE ACK (444 IA, W | EW (MA 127 | WA N | TEF | 31305041 | 9800 ERO | | | | umber 0 | | | |
| NTTA | N RESS | DIFFERENT FROM ABOVE | ATE | ZIP | | 211.69 | | | ATTN | N RESS | 5 54 | ress 410 ′ UYA | 189 | TH: | | | OM | ABO | VE STATE | · WA | ZIP 9 | 8375 | | |
| 9. 2 | 24 HOUR PRIMAR | Y CONTACT INFORMATION | | 917 (TE | an r | | | | 10. | owi | VER ! | CONT | ACT | INFO |)RM | ATIC | N | | | ui senses Sugaillis | | 2010 | | |
| | nary Contact Dayti | · · · · · · · · · · · · · · · · · · · | 37-6634 x12 | 213 | | | | | | | | e Pho | | | (: | 253 | 53 | 37-6 | 634 | | | | | |
| | nary Contact Mobi | | | | | | | | | | | /Cell F | | e: | | | . = 4 | | | | | | | |
| | nary Contact Even | | 37-6634 | | | | | | | | | g Pho | | | | | | | 634 | viounus | tor con | | | |
| Fax: | (253) 537-789 | | | | | W 2 2 44 | | , | 537-7 | | | | | - | _ | | Water State | iter.con | I Nasa | | | | | |
| | | WAC 246-290-42 | stem | s pro | ovide | 24- | nour | cont | tact | intor | mat | ion | or | emei | rgencies | . Person | | | 34464 | | | | | |
| | 🗷 Not appl | | | | 174 PAT. (11) | | | | | | | | | | | SMA Nu | mber: | | | 1217213 1217213 | | | | |
| | Agricultural Commercial / Busir Day Care Food Service/Food | | and the state of t | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Indu Lice Lod | pital/C istrial insed ging reatio | Resid | | | ility | 7 | | | | | lsch ITer | npora | ial Iry Farm \ nurch, fire | | etc.): | | Harris | |
| 13. | WATER SYSTEM | OWNERSHIP (mark only on | e) | | | | | | | gill III | 61.07 | | | , jaki | | | | 117 | 14. STO | ORAGE C | APACITY | (gall | ns) | 10 TE |
| | Association City / Town | ☐ County ☐ Federal | | | | | Inves Priva | | | | | | Spe Stat | cial D e | istric | t | | | | | 0 | | | |
| 15 | Control of S | 16 OURCE NAME | 17 INTERTIE | atar Mar | S | OURC | 18 E CAT | EGO | RY | yddil elost | | 19 USE | 2 0 | | TR | 21 ATN | IENT | | 22 DEPTH | 23 | sou | 24 RCE L | | NC |
| Source Number | AND WE Exampl IF SOURCE IS F LIST | Y'S NAME FOR SOURCE LL TAG ID NUMBER. e: WELL #1 XYZ456 PURCHASED OR INTERTIED, SELLER'S NAME mple: SEATTLE | INTERTIE SYSTEM ID NUMBER | WELL | WELL FIELD WELL IN A WELL FIELD | SPRING | SPRING FIELD SPRING IN SPRINGFIELD | SEA WATER | SURFACE WATER | RANNEY / INF. GALLERY | PERMANENT | SEASONAL | EMERGENCY SOURCE METERED | NONE | CHLORINATION | FILTRATION | FLUORIDATION | IRRADIATION (0V) | DEPTH TO FIRST OPEN INTERVAL IN FEET | CAPACITY (GALLONS PER MINUTE) | 1/4, 1/4 SECTION | SECTION NUMBER | | RANGE |
| S01 | SHERWOOD W | /ELL #1 | | Х | | \prod | \bot | _ | \prod | \perp | Х | | + | Χ | $oxed{arphi}$ | 4 | 4 | + | 80 | 60 | SW SI | = 26 | 19N | 03E |
| | | | | ${\sf H}$ | + | H | + | + | H | - | + | H | + | + | H | + | + | + | | | | + | | |
| | | | | | | | | | П | | L | П | Ţ | | | \downarrow | 1 | | | | | | | |
| Jan State | 1 | | | ll | - | ıl | | 1 | 1 1 | | | 1 | 1 | | Ιl | | | 1 | | I | l | 1 | 1 | 1 |

Sentry DOH **Water System Copy** Page: DOH 331-011 (Rev. 06/03)

| 1. SYSTEM ID NO. 2. SYSTEM NAME 23651 U SHERWOOD RANCHETTES | | | rizili Bur | 0.0000000000000000000000000000000000000 | COUNTY ERCE | | | | 4. | group B | 5. 1 | YPE |
|--|---------------|--|--------------|---|---------------------------------------|---------------|----------------------|-------------|--------------------------------|---|---------------------------------------|--|
| | | | | | | | ACTIVE SE CONNECT | IONS | DOH USE CALCUL CTIVE CON | ATED | DOH USI APPRO | 10.00 |
| 25. SINGLE FAMILY RESIDENCES (How many of the following th | | you hav | /e?) mal | | | E (1965) Sec. | 0 | | 8 | 110101000000000000000000000000000000000 | Undete | rmined |
| A. Full Time Single Family Residences (Occupied 180 days or <i>more</i> per year) | | | | | | | | 9 | | | | |
| B. Part Time Single Family Residences (Occupied less than 180 days per year | | | | 0\ | | | 0 | | | | | |
| 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How man A. Apartment Buildings, condos, duplexes, barracks, dorms | y of the I | ollowing | ao you r | nave () | liga taga and | | 0 | | | | | |
| B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms th | nat are occup | ied more tha | an 180 days/ | year | | | 0 | | | | | |
| C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms the | | | | • | | | 0 | | | | | |
| 27. NON-RESIDENTIAL CONNECTIONS (How many of th | e followi | ng do yo | u have?) | | | | | | | | | |
| A. Recreational Services and/or Transient Accommodations (Campsites, RV s | | | | | | | 0 | | 0 | | | |
| B. Institutional, Commercial/Business, School, Day Care, Industrial Services, | etc. | | | | · · · · · · · · · · · · · · · · · · · | | 0 | | 11.11.11.11.10 | upitoraji) | | THE STATE OF |
| 100 de 10 | 28. | TOTAL: | SERVICE | CONNE | CTIONS | | | | . 8 | | i i i i i i i i i i i i i i i i i i i | Barring |
| 29. FULL-TIME RESIDENTIAL POPULATION A. How many residents are served by this system 180 or <i>more</i> da | ys per yea | 1881 - 1881 - 1881 1981 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1881 - 1 | | | 20 1 | 1144 W. 22 | | | Barener (| gestever Kiliansi | | ALCOHOLOGICAL CONTRACTOR OF THE PROPERTY OF TH |
| 30. PART-TIME RESIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC |
| A. How many part-time residents are present each month? | | | | | | Pagaraga. | | | 118 | | | |
| B. How many days per month are they present? | | | | | | | | | | | | |
| 31. TEMPORARY & TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month? | | | | | | | | | | | | |
| B. How many days per month is water accessible to the public? | | | | | | | | | | | | |
| 32. REGULAR NON-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ост | NOV | DEC |
| If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month? | | | | | | | | | | | | |
| B. How many days per month are they present? | | *************************************** | | | | | | | | | | |
| 33. ROUTINE COLIFORM SCHEDULE | | | | Ta | ke one | sample | every | 12 mo | nths | | | |
| | 0.100000000 | QUAR | TERLY | e henrie Ste | 4/6/6/1999 | ANNI | JALLY | el Contrata | | NCE EVE | RY 3 YEAI | RS |
| 34. NITRATE SCHEDULE (One Sample per source by time period) | | | | | | | | | | ugan)keen | 01 | |
| 35. Reason for Submitting WFI: | Cdillores | | MICHIGANIS | antement) | | mana a | Program) | | unigen. | amin'ny | DETTING. | |
| ☐ Update - Change ☐ Update - No Change ☐ | Inactiva | te 🗆 F | Re-Activ | ate □ N | Name Ch | nange | ☐ New | System | □ Othe | er | | |
| 36. I certify that the information stated on this WF | I form is | correc | t to the I | best of ı | my know | /ledge. | | | | | | |
| SIGNATURE: | | | | | DA | TE: | | | | | | |
| PRINT NAME: | | | | | TIT | LE: _ | | | | | | |

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 0 Updated: 01/15/2008

ONE FORM PER SYSTEM

Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

| 1. SYSTEM ID NO. 2. SYSTEM NAME 42931 P SOUTH CREEK # | 2 | | PIERCE | 4. GRO | UP 3. HPE |
|---|-------------------------------|--|---|---|--|
| 6. PRIMARY CONTACT NAME & MAILING ADDRE BOD Blackmen CCI RICHARDSON WATER P O BOX 44427 TACOMA, WA 984442 | nies ops officer | CONTA RA | NER NAME & MAILING ADDRESS NINIER VIEW WATER CO OB BLACKMAN O BOX 44427 NCOMA, WA 98448 | | umber 000212 ER CONTACT |
| STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY ST | ATE ZIP | ATTN | ET ADDRESS IF DIFFERENT FROM SSS 5410 189TH ST E PUYALLUP | MABOVE STATE WA | zip 98375 |
| 9. 24 HOUR PRIMARY CONTACT INFORMATION | | 1310 | WNER CONTACT INFORMATION | | |
| Primary Contact Daytime Phone: (000) 53 | 3 7-7332(253)537- | 6634 Owner | Daytime Phone: (253) 5 | 537-6634 | |
| Primary Contact Mobile/Cell Phone: | | Owner | Mobile/Cell Phone: | | |
| Primary Contact Evening Phone: | | Owner | | 537-6634 | |
| Fax: (253) 537-6634 E-mail: 600 @rain | erviewwater | . com Fax: (| 253) 537-7896 E-mail: jr | ene@ranierviewwat | ter.com |
| WAC 246-290-42 | 0(9) requires that water s | ystems provide 2 | 4-hour contact information for | r emergencies. | |
| 11. SATELLITE MANAGEMENT AGENCY - SMA (Not applicable (Skip to #12) Owned and Managed Managed Only Owned Only | Check only one) SMA NAME: | | | SMA Num | nber: |
| 12. WATER SYSTEM CHARACTERISTICS (mark and production of the commercial and production of the comm | Ho In Li | ospital/Clinic dustrial censed Residential F odging ecreational / RV Par | Gacility □ To | esidential chool emporary Farm Worker ther (church, fire station, et | ic.): |
| 13. WATER SYSTEM OWNERSHIP (mark only on | e) | | | 14. STORAGE CA | APACITY (gallons) |
| □Association □ County | I | Investor | Special District | | 050 |
| □City / Town □ Federal | | Private | State | | 258 |
| 15 16 | 17 | 18 | 19 2 21 | 22 23 NT DEPTH | 24 SOURCE LOCATION |
| SOURCE NAME LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE | MELL MELL FIELD SPRING SPRING | SPRING FIELD SPRING IN SPRINGFIELD SEA WATER SURFACE WATER RANNEY INF. GALLERY | | IRRADIATION (UV) OTHER DEPTH TO FIRST OPEN INTERVAL IN FEET CAPACITY (GALLONS PER MINUTE) | 114, 1/4 SECTION SECTION NUMBER TOWNSHIP RANGE |
| S01 WELL #1 | X | | X | 60 30 | NW NE 01 17N 03E |
| | | | | | |
| | | | | | |
| | | | | | |

Sentry DOH Water System Copy Page: DOH 331-011 (Rev. 06/03)

| 1. SYSTEM ID NO. 2. SYSTEM NAME 42931 P SOUTH CREEK #2 | | | | AND THE PROPERTY OF THE PERSONS | COUNTY | | | - 166 (156 - 165 (156 (156 (156 (156 (156 (156 (156 | 4. | GROUP B | 5. 1 | TYPE | | | |
|--|---|-----------------------|--------------------|--|--------------|------------------|----------------------|---|---|-------------------------|----------------|-----------------|--|--|--|
| | | | | | | | ACTIVE SE CONNECT | IONS | DOH USI CALCUI | ATED | DOH US APPR | E ONLY! OVED | | | |
| 25. SINGLE FAMILY RESIDENCES (How many of the fol | lowing d | o you hav | /e?) | | | Tambina. | 0 | | 111111 Leve 4 | an expension and a code | 111-5-11 | 4.10.000 | | | |
| A. Full Time Single Family Residences (Occupied 180 days or more per year) | | | | | | | 4 | | | | | | | | |
| B. Part Time Single Family Residences (Occupied less than 180 days per year | | a was in soles and si | | | | | 0 | | | | | | | | |
| 26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How man | y of the | following | do you l | nave?) | | mark. | | | | | | | | | |
| A. Apartment Buildings, condos, duplexes, barracks, dorms B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms the Apartments of the Condos | L-1 | -11 | - 400 I | | | | 0 | | | | | | | | |
| Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms to C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms to | | | | - | | | 0 | | | | | | | | |
| 27. NON-RESIDENTIAL CONNECTIONS (How many of the | | | , , | , | 582 H 1593 L | | 0 | | | | | | | | |
| A. Recreational Services and/or Transient Accommodations (Campsites, RV s | | | | | | T | 0 | | (1. July 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | 764 | 1 | | | |
| B. Institutional, Commercial/Business, School, Day Care, Industrial Services, | | | , | ······································ | | | 0 | | 0 1111111 | | | | | | |
| | 28. | TOTAL | SERVICE | CONNE | CTIONS | | | | 4 | | | | | | |
| | | | Lipscheller (1980) | | | | | | | | 5555 | | | | |
| 29. FULL-TIME RESIDENTIAL POPULATION A How many residents are served by this system 180 or more day | SIDENTIAL POPULATION Its are served by this system 180 or <i>more</i> days per year? 10 | | | | | | | | | | | | | | |
| A. How many residents are served by this system 160 of more da | iys pei yea | 17 | | | 10 | | | | | | | | | | |
| 30. PART-TIME RESIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | | | |
| A. How many part-time residents are present each month? | | | | | | | | | | | | | | | |
| B. How many days per month are they present? | | | | | | | | | | | | | | | |
| 31. TEMPORARY & TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | | | |
| A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month? | | | | | | | | | | | | | | | |
| B. How many days per month is water accessible to the public? | | | | | | | | | | | | | | | |
| 32. REGULAR NON-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC | | | |
| If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month? | | | | | | | | | | - | | Surrius | | | |
| B. How many days per month are they present? | | | | | | | | | | | | | | | |
| 33. ROUTINE COLIFORM SCHEDULE | | | | 100222 | | FIXEHEL | Mark of | | | | | | | | |
| | marile e | | | Та | ke one | sample | every | 12 mo | nths | | | | | | |
| | US ESTA | QUAR | TERLY | BHI W. College | at the fact | ANN | JALLY | (GRANNI) | * | NCE EVE | RY 3 YEA | RS | | | |
| 34. NITRATE SCHEDULE (One Sample per source by time period) | interaction Shiftmansis | | | | | | | unus Partig Tilotari | e dunae Militariese Grissingesi | | 01 | | | | |
| 35. Reason for Submitting WFI: | as personal | Hiji ya ba | ald mark | | Section 1 | e proposition de | | | | Filippe | | | | | |
| □ Update - Change □ Update - No Change □ | Inactiva | te 🔲 F | Re-Activ | ate □ N | Name Ch | nange | □New | System | ☐ Oth | er | | 411.111 | | | |
| 36. I certify that the information stated on this WF | -I form i | s correc | t to the | hest of | my know | vledae | | | | | | | | | |
| SIGNATURE: | viiii h | _ 551166 | - 10 110 | | - | TE: | | | | | | | | | |
| | | | | | | _ | | | | | | | | | |
| PRINT NAME: | | | | | TIT | LE: _ | | | | | | | | | |
| | | | | | | | | | | | | | | | |

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



WATER FACILITIES INVENTORY (WFI) FORM Quarter: 0 Updated: 01/15/2008

ONE FORM PER SYSTEM

Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

| | YSTEM ID NO. 2. SYSTEM 7233 1 103RD | INAME AVE NW V | VATER S | YST | EM | \$51945 and | | 11 12 12 15 15 15 15 15 15 15 15 15 15 15 15 15 | XXXXXXXXXX | 3. ci PIEI | 900000000 | E61030000 | 111111 | anii (1 | us H | | | | | ROUP 3 | | 5. T | YPE | |
|------------------------------|--|--|---|--------|--|---|-----------------|---|-----------------------|-------------------|-------------------|--------------------|----------|-------------------------|---|------------------|-------|--------------------------------------|-------------------------------|--|--------------------------|----------------|---|---|
| 6. P | PO BOX 4 | Chie- KMAN [MAN/ | COPS C | Hic | ev | | | 7. | RAI BO PO | NIEF BBOX | R VI ACI 44 | EW KM# 427 | WA \N | TEF | | | | • | | | ber 000 | | | Electronic Control of |
| STRI ATTN ADDF CITY | | | ATE | ZIP | The state of the s | | | ΑT | TN DRES | S 5 | | 189 | тн | | | OM A | ABO) | | E WA | | ZIP <u>983</u> | 75 | X 47 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ur ve (* in |
| Prim | 4 HOUR PRIMARY CONTACT ary Contact Daytime Phone: ary Contact Mobile/Cell Phor | | | Ow | vner C | /NER aytim /lobile | e Ph | one: | | 540408800 | | | 7-6 | 634 | | | | 13752 | | 10-11-11-11-11-11-11-11-11-11-11-11-11-1 | | | | |
| | ary Contact Evening Phone: (253) 537-7896 E-m | syste | ns p | Fa | x: (2 | venir 53) -hou | 537. | -789 | | E-n | nail: | irer | e@ | 634)ranie gencie | rview\ s. | water | r.com | | | | | | | |
| 11. | SATELLITE MANAGEMENT Not applicable (Skip Owned and Manager Managed Only Owned Only | 1122 | | 100 | (\$\) (\$\) (\$\) (\$\) (\$\) (\$\) (\$\) (\$\) | (C) 1178 | | | | | | 1022111 1122111 | SMA I | Numbe | r, | | | | | | | | | |
| | WATER SYSTEM CHARACT Agricultural Commercial / Business Day Care Food Service/Food Permit 1,000 or more person event for | | da. A 11 Tib vent is rever with which and a A ACCTO |) | | lospita ndustri icense odging tecreat | al d Rea | siden | | cility | | | | | | lScho lTem | pora | ry Farm | Worker e station | | | | | |
| | WATER SYSTEM OWNERSH Association City / Town | County | a) | | | I Inv | | | | | | □ Sp □ Sta | | Distric | t | | 100 | 14. ST | ORAGI | | ACITY (g | jalloi | ıs) | |
| Source Number 01 | 16 SOURCE NAM LIST UTILITY'S NAME FO AND WELL TAG ID NI Example: WELL#1) IF SOURCE IS PURCHASED LIST SELLER'S N. Example: SEATT | R SOURCE JMBER. (YZ456 OR INTERTIED, AME | INTERTIE INTERTIE SYSTEM ID NUMBER | X WELL | A WELL FIELD | SPRING FIELD | PRINGFIELD BATA | SEA WATER OO SURFACE WATER A | RANNEY / INF. GALLERY | OTHER X PERMANENT | SEASONAL SEASONAL | EMERGENCY | X NONE | CHLORINATION | FILTRATION TO THE PROPERTY OF | FLUORIDATION TIL | OTHER | DEPTH TO FIRST OPEN INTERVAL IN FEET | CAPACITY (GALLONS PER MINITE) | | SECTION 1/4, 1/4 SECTION | SECTION NUMBER | IIP | RANGE |
| | | | | | \coprod | | | | | | $oxed{\Box}$ | \Box | \pm | | \pm | | | | | | | | | |

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| 1. SYSTEM ID NO. 07233 1 | 2. SYSTEM NAME 103RD AVE NW WATER SYS | STEM | | | SECURIORISMO SIGNAS | COUNTY | | | | 4. | GROUP B | 5.1 | YPE |
|---|--|-------------------------------|---------------|-----------|---------------------|--|-------------|----------------------|-------------|--|--------------|------------------|---------------|
| | | | | | | andi Paninggal Paninggal Panggal Panggal | | ACTIVE SE CONNECT | IONS | DOH USE CALCUI | _ATED | DOH USI APPRO | |
| 25. SINGLE FAMILY | RESIDENCES (How many of the foll | lowing d | o you hav | /e?) | | orenia. | | 0 | | 2 | | 5 | in the second |
| · · · · · · · · · · · · · · · · · · · | Residences (Occupied 180 days or more per year) | | | | | | | 2 | 6 | | | | |
| B. Part Time Single Family | Residences (Occupied less than 180 days per yea | r) | | | | | | 0 | | | | | |
| | RESIDENTIAL BUILDINGS (How man | y of the | following | do you l | nave?) | ingines _{ia.} | | Marine and | | | | | |
| | ndos, duplexes, barracks, dorms | | | | | | | 0 | | | | | |
| | its in the Apartments, Condos, Duplexes, Dorms th | | | | | | | 0 | | | | | |
| | its in the Apartments, Condos, Duplexes, Dorms th | | | | | | | 0 | | | | | |
| | IAL CONNECTIONS (How many of th | | | • | | Transfer | | eres (Car | arten kalik | | | | |
| | d/or Transient Accommodations (Campsites, RV si | | otel/overnigh | it units) | | | | 0 | | 0 | | C | |
| B. Institutional, Commercial | /Business, School, Day Care, Industrial Services, e | | | | | | | 0 | | 0 | 1100 | 0 | |
| | | 28. | TOTAL S | SERVICE | CONNEC | CTIONS | i di kan je | Barrier . | | 2 | | 5 | |
| | SIDENTIAL POPULATION s are served by this system 180 or <i>more</i> da | iches international Aberta | | | | | | | | | | | |
| 30. PART-TIME RE | SIDENTIAL POPULATION | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| | e residents are present each month? | | | | | | | | | | | (190 H) (4) | |
| B. How many days per | r month are they present? | | | | | | | | | | | | |
| 31. TEMPORARY & | TRANSIENT USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC |
| | ors, attendees, travelers, campers, rs have access to the water system | | | | | | | | | | | | |
| | month is water accessible to the | | | | | | | | | | | | |
| 32. REGULAR NON | I-RESIDENTIAL USERS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| A. If you have schools, to your water system children and/or empl | daycares, or businesses connected , how many students daycare loyees are present each month? | | | | | | | | | | | | |
| B. How many days per | month are they present? | | | | | | | | | | | | |
| 33. ROUTINE COL | IFORM SCHEDULE | | | | Ta | ke one | sample | eevery | 12 mo | nths | | | |
| 34. NITRATE SCH (One Sample pe | EDULE er source by time period) | | QUAR | TERLY | | | ANN | JALLY | | | | RY 3 YEAI 01 | RS |
| 35. Reason for Su | bmitting WFI: | najana | File de | | | | | | PHEE 15 | 1507 bills 1507 bills | u dan barata | | Muss. |
| | ge ☐ Update - No Change ☐ | Inactiva | te 🔲 F | Re-Activ | ate □ N | Name Ch | nange | ☐ New : | System | ☐ Oth | er | | |
| 36. I certify that t | he information stated on this WF | l form i | s correc | t to the | best of r | my know | vledge. | | | | | | |
| SIGNATURE: | | | | | | DA | TE: _ | | | | . , | | |
| PRINT NAME: | | | | | | TIT | LE: | | | | | | |
| | | • | | | | | | | | | | | _ |

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